

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Sharon E. Rucker**
ADDRESS: 411432 HWY 20, Cusick, Washington 99119
PHONE: 509-671-3498; 445-1670

Rejected 11-14-2012

ASSIGNED (SEE BACK OF PAGE)

PEND ORIELLE COUNTY

WRIA

62

WRTS No. S3-30612

ID No. **4669678**

APPLICATION NO.: **S3-30612**

PRIORITY DATE: **February 16, 2010**

Date App rcvd: **2-16-2010**

Date fee rcvd: **2-16-2010**

Amount **\$50.00**

Check No.: **2322**

Returned for completion or correction: _____

Rcvd: _____

Statement of additional exam. fee: Rcvd: _____

Amount \$ _____

Check No.: _____

Application mapped by: *A. Russell*

date: *4/12/2010*

SPOTTED *KCP 9/23/10*

PUBLICATION:

Newspaper(s): **Newport Miner**

OK'd by: _____

Date Notice Sent _____

Date Affidavit rec'd: _____

Time expires: _____

Checked by: _____

Date: _____

Protests: _____

Fee rec'd: _____

Field Packet sent: _____ by: _____

SEPA REQUIRED

YES

NO - EXEMPT

Checklist requested by: _____ date: _____ note: _____

Checklist fwd to SEPA project manager by: _____ date: _____

INTERESTED PARTIES:

WDFW State DOH County DOH Tribe _____ USBR _____ Other _____

WDFW COMMENT: YES NO Note: _____

FISH SCREEN: YES NO LOW FLOW PROVISIO: YES NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: YES NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED

ROE map checked by: _____ date: _____

Permit map checked by: _____ date: _____

DEVELOPMENT SCHEDULE:

BC due: _____ EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: YES NO Note: _____

CC due: _____ EXT to: _____ CC filed: _____

PA due: _____ EXT to: _____ PA filed: _____

METER INSTALLED: YES NO Meter ID No.: _____

FISH SCREEN INSTALLED: YES NO Note: _____

PA FIELD EXAMINATION REQUIRED: YES NO

Date examination made: _____ By: _____

REJECTED
11-14-2012

APPROVED FOR CERTIFICATE: YES NO

Cert. fee: \$ _____ Date letter sent: _____ Fee rec'd: _____ Check No.: _____

Certificate map checked by: _____ date: _____ Date Certificate issued: _____

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

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